

**PRACTICE PLACEMENTS POLICY/PROCEDURE  
DOCUMENT CONTROL SHEET**

**General Document/Version Control Information**

1. Document Title	Form SWWB3 – Whistleblowing Assessment Report (Social Work)
2. Document Author	Practice Placements Policies & Procedures Group
3. Version Number & Status	Version 1.0
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**Consultation Checklist**

	Stakeholder consulted in the development of this document	
1. Practice Placements/School Policies & Procedures Group	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. External Partners/Stakeholders (list details)	Social Work Partner Agencies	
3. University Secretary's Office (Legal)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4. University Secretary's Office (Data Protection/Records & Info.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5. University Secretary's Office (Student Complaints & Appeals)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Equality & Diversity Impact Assessment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Student and Staff Affairs Committee (for final approval)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8. School Management Group (for sign-off)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
9. Other (please enter details)		

**Circulation Checklist**

1. Date document circulated	15/07/2009	
2. Document Published to eLearning Portal?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Document Published to Placements Website?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4. Document updated on Shared Drive facilities?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5. Note made to reference document in relevant School literature (Newsletters, handbooks etc?)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Relevant Staff informed via email?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Relevant School Committees advised? (please list those that apply)		
8. Please list details of those external partners/stakeholders that have been notified of the publication of this document		

**FORM SWWB3 - WHISTLEBLOWING ASSESSMENT REPORT (Social Work)**

**CONFIDENTIAL DOCUMENTATION**

Please complete this form electronically where possible, by commenting in the grey shaded dialogue boxes, tick boxes or selecting from a drop down menu. Data may also be entered manually into this form however when doing so, please write clearly using blue or black ink only. Either print off or save as a Word document and forward as an email attachment to the Practice Placement Office at the address at the end of this form. A copy shall be retained within the applicant/student file and by the Practice Placement Office.

<b>Case Identification Number</b>	
<b>Student Name</b>	
<b>Student Programme, Year &amp; Level</b>	
<b>Student Home Address</b>	
<b>Student Telephone Number</b>	
<b>Student Mobile Telephone Number</b>	
<b>Guidance Tutor</b>	
<b>Agency Practice Learning Co-ordinator or Manager Contact Details</b>	
<b>Programme Manager</b>	
<b>Name and Address of Placement Area where incident occurred (please include the post code)</b>	
<b>Date and Time of Incident</b>	Click here to enter a date.
<b>Date Report Received</b>	Click here to enter a date.

## REPORT

**Director of Practice Placements Name:**

**Signature:** \_\_\_\_\_

**Date:** [Click here to enter a date.](#)

## ADDITIONAL COMMENTS

**Director of Practice Placements Name:**

**Signature:** \_\_\_\_\_

**Date:** [Click here to enter a date.](#)